

Spigelian Hernia Repair

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What is a Spigelian Hernia?

A hernia is a hole through a weakness in the abdominal wall.

At the start of trouble you may notice a lump or bulge appearing to the side and below your tummy button. It occurs along the lower edge of the “six-pack” in body builders!

The bulge consists most usually of fatty tissue but may contain bowel (gut).

You may experience discomfort at first but it may become more painful when lifting heavy objects or coughing.

What causes it?

These hernias are caused by a weakness in the muscles of the abdominal wall.

Other factors, which contribute to the development of epigastric hernias are obesity, coughing, heavy work, sports etc.

What does treatment/ management involve?

Many patients wish to have a hernia repaired because they are increasing in size, becoming more unsightly and uncomfortable.

What would happen if the hernia was not treated?

The weakness in the muscle wall could enlarge and rarely may contain loops of bowel. In these circumstances if you are unable to push the hernia back, a blockage of the bowel may occur, which causes vomiting and abdominal pain.

If you experience this you should contact your doctor immediately as you may require an emergency operation.

Spigelian Hernia Repair

You will be asked to attend the pre-admission assessment clinic prior to admission to ensure you are fit for surgery, allowing time for the necessary pre-operative tests, which may include blood tests, cardiogram (ECG) and a chest x-ray.

Some risk factors outlined above could be eliminated or at least lessened.

This may involve some effort on your part, for example losing weight or stopping smoking.

You will be admitted on the day of surgery unless there are any medical or technical reasons, which may require you to be admitted the day before.

Most patients go home on the operation day (day case), some will be required to spend 1-2 nights in hospital.

Surgical repair can be carried out under general anaesthetic or local anaesthetic.

The choice depends partly on which you prefer and partly on what your anaesthetist and surgeon think is best.

The incision is usually made in the abdominal wall overlying the site of the hernia.

The pouch (hernia sac) is first dealt with and the weakness in the abdominal wall is strengthened. This is done using permanent stitches or a patch of nylon mesh that is stitched in place; the wound is then closed using an invisible dissolvable stitch and covered with a waterproof dressing.

What are the risks/complications of surgery?

- Wound haematoma – bleeding under the skin can produce a firm swelling – like a bruise. This may simply dissipate gradually or leak out through the wound. If there is a lot of fluid this may occasionally result in you having to return to theatre in order for it to be dealt with.
- Wound infection – minor wound infections do not need any specific treatment. Antibiotics are given during the operation to minimise the risk of deep-seated infection.
- Recurrence – fortunately recurrence after hernia surgery should be rare (1-5%).

These risks/complications will be explained and discussed with you when the surgeon asks you to sign the consent form.

What should you expect after surgery?

You will commence fluids as soon as you are able, if tolerating fluids you will progress to a light diet.

Abdominal wound pain/discomfort is to be expected after the operation.

Therefore pain relief consisting of injections or tablets may be required in the first 24-48 hours.

If you feel sick after the operation, please tell the nurse looking after you, as she/he will give you an injection to help with this.

The wound will be sealed within 5 days after which time the dressing may be removed and you may take a bath or a shower.

It is important to avoid constipation and straining when you go to the toilet.

Take plenty of fibre in your diet and drink plenty of fluids. If you find you continue having difficulty with your bowels on your return seek advice from your GP.

You may resume sexual relations as soon as this feels comfortable to do so.

After the operation activity is encouraged. You should avoid suddenly putting extra strain on the wound for at least 4 weeks. However, it is essential you progressively increase your activity day by day.

It is wise not to drive for at least 1 week; some people feel they need a little longer. Usually if you can get in and out of the bath without any discomfort and/or assistance you can consider driving and over time, increase the distance of your trips. However, please check with your insurance company, as some policies carry restrictions that vary with individual companies.

If you require a certificate for work, please ask a member of staff before discharge.

If your work does not involve heavy lifting or violent exercise, then return to work could be as soon as 2-3 weeks. If it does, then it is safer to wait for a further 2-4 weeks.

If this advice is not heeded, the repair could give-way and the hernia will recur.

Some swelling or bruising around the wound site is not unusual and there will be some discomfort and tenderness where the incision has been made.

In the period following you operation you should seek medical advice if you notice any of the following problems:

- Increased pain, redness, swelling or discharge of the wound
- Persistent bleeding
- Difficulty in passing urine
- High temperature
- Nausea or vomiting

Please keep this information leaflet throughout your admission, making notes of specific questions you may wish to ask the Doctor and/or Nurses before discharge

Where should I seek advice or help?

Before the operation:

Day surgery Pre assessment: 01225 826434

First 24 hours after surgery:

Telephone the ward where you were treated via the Hospital switchboard:

R.U.H: 01225 428331

Advice about your wound:

Practice nurse at GP surgery
NHS Walk-In Centre

Advice about pain killers:

Visit your local Pharmacist.

General health inquiries:

Ring NHS Direct on 0845 4647 (24 hours).

Web address: www.nhsdirect.nhs.uk

Problems related to surgery:

Make an appointment with your GP.

Urgent or severe problems:

Call your GP or go to the A & E Dept at the RUH (or your local A & E)